<del></del>									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10789412					
		SM/		ENTITY	OF	OTHE	R THAN L ENTITY	,					
TOTAL CLAIMS				1			R	ATE	FEE	7	RATE	FEE	
FOR			NUM	NUMBER FILED N		BER EXTRA	BASIC FE		₹ 385.00	OF	BASIC FE	1	5
TOTAL CHARGEABLE CLAIMS			minus 20=		•	_	X	 69=		OF		1/	7
INDEPENDENT CLAIMS			9 minus 3 =		•		×	X43=		1	You	1	1
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+1	-	OF	<b>-</b>	<del>                                     </del>	1	
• 11	the difference	e in column 1 is	less tha	ess than zero, enter *0* in column 2				TAL	<b>├</b> ──	OF	·	<del> </del>	4
1				10	IML	L	JOF	/	<u>L</u>	4			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL	THAN ENTITY	J
AMENDMENT A	8/7/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	R/s	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	]
	Total	• 13	Minus	- 2	0	1	XS	9≈		OR	X\$18=	71.55	1
	Independent	. 2	Minus	(	?	7/	X4	3=		OR	X86=	·	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	5=	1	OR	#290=		1
							L7	OTAL		OR	TOTAL		╁
	(Column 1) (Column 2) (Column 3)							FEÉ	L	10.4	ADDIT. FEE	<b></b>	j
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	RA	ΓĖ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		2	XS	9≖ ·	• •	OR	X\$18=		ı
	Independent	•	Minus	***		-	X4	)=·		OR	. X86= .	• • ::	ŀ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=		1
				•				TAL		00	TOTAL		ł
(Column 1) (Column 2) (Column 3)							ADDIT.	FEE I	•		ADDIT. FEE	<del></del>	1
$\Box$	`	(Column 1) CLAIMS	·	HIGHE	ST				ADDI-	. 1	•	ADDI-	ł
AMENUMENT C		REMAINING AFTER AMENDMENT		PREVIOL PAID FI	ISLÝ	PRESENT EXTRA	RAT	Ε	TIONAL FEE	٠	RATE	TIONAL	
	Total	•	Minus	•		<b>.</b> .	XS S	) <u> </u>		OR	X\$18=		ĺ
	Independent	•	Minus.	***		2	X43			OR.	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	-				<del></del>	
• 10	• If the entry in column 1 is less than the entry in column 2, write "t" in column 3.									OR	+290=		
II	the Highest Nur	nber Previously Pai	d For IN	THIS SPACE IS	ess than	20, enter "20."	ADDIT.	TAL		OR ,	TOTAL LODIT. FEE		
T	ure "Highest Nur he "Highest Nurr	mber Previously Paid ber Previously Paid	io For (Total	i mis space is i al or independen	ress unar t) is the	highest number	Iound in th	e app	ropriate box	in coh	umn 1.		ł